

September 26, 2012

Montana Health Care Programs Notice

**Hospital Inpatient, Hospital Outpatient, PRTF, PRTF Waiver,
Therapeutic Group Home, Therapeutic Foster or Family Care
Provider, Mental Health Center, Psychologist, Social Worker,
Licensed Clinical Professional Counselor, and FQHC**

Changes to the *Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management* and Authorization Request Forms

Effective October 1, 2012, moderate level therapeutic family care, moderate level therapeutic foster care, and outpatient therapy sessions in excess of 24 per state fiscal year will not require prior authorization from Magellan Medicaid Administration (MMA).

Outpatient therapy provided to youth in a therapeutic group home requires prior authorization and continued stay requests from MMA.

The effective date of the revised *Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management* (UR manual) is October 1, 2012, **not** October 12, 2012. Due to a clerical error, the Department will change the effective date on the front cover of the UR manual to October 1, 2012, which coincides with the proposed MAR notice. The revised UR manual can be found on the MMA website at <https://montana.fhsc.com/> on October 1.

Changes to the appeal process were made in the UR manual. These changes are also effective October 1. A WebEx training will be held on the revised appeal process on October 10. A meeting notice for this WebEx will be sent to providers.

Paper Forms

Use of the revised paper forms for prior authorization and continued stay requests will be required October 1, 2012, to coincide with the UR manual and align with the revised admission and continued stay criteria. The major change to the prior authorization forms requires the provider to substantiate that the youth has a serious emotional disturbance (SED), qualifying diagnosis, and functional impairment as a result of the diagnosis. Providers making referrals for services that require prior authorization must remember to substantiate and document that the youth they are working with have an SED.

Web-Based Forms

The web-based forms have not been changed for psychiatric residential treatment facility (PRTF) and partial hospital program services. Instructions for using the web-based forms for these services, and where to substantiate that the youth has an SED on the prior authorization form will be posted on the MMA website at <https://montana.fhsc.com/>.

Contact Information

If you have questions or want more information about this program notice, please contact:

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For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena), or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.